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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/050,429 01/15/2002
 which is a CON of 09/887,197 06/21/2001 PAT 6,381,662
 which is a CON of 09/241,222 02/01/1999 PAT 6,266,724
 which is a CON of 08/781,539 01/09/1997 PAT 5,887,145
 which is a CON of 08/462,642 06/05/1995 ABN
 which is a CON of 08/398,856 03/06/1995 ABN
 which is a CON of 08/151,292 11/12/1993 ABN
 which is a CIP of 08/115,428 09/01/1993 ABN

OK

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

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TITLE

Removable mother/daughter peripheral card

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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